

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **14944**

FILED MAY 11 1953		REG. DIST. NO. 167		PRIMARY REG. DIST. NO. 5617		Registrar's No. 62	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Rich Hill Twp				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Riche Hill Twp			
c. LENGTH OF STAY (In this place) 30 yrs				d. STREET ADDRESS (If rural, give location) 6 Mi. N.E. Chillicothe			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6 Mi. N.E. Chillicothe				d. STREET ADDRESS (If rural, give location) 6 Mi. N.E. Chillicothe			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Smith		c. (Last) Smith	
4. DATE OF DEATH (Month) (Day) (Year) May 1, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 22, 1872		9. AGE (In years last birthday) 80		10. UNDER 1 YEAR Months Days Hours Min.		11. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Own farm			
11. BIRTHPLACE (State or foreign country) Livingston Co., Mo.				12. COUNTRY OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Mike Smith		13b. MOTHER'S MAIDEN NAME Anna Ruddy		14. NAME OF HUSBAND OR WIFE Bernadine Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bernadine Smith, Chillicothe, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Terminal Bronchitis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Arthritis Deformans Sci. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Four hours 20 yrs 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2900				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1947 , to May 1, 1953 , that I last saw the deceased alive on May 1, 1953 , and that death occurred at 6:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph A. Conrad M.D.				23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED May 2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 4, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Columban cem.		24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.	
DATE REC'D BY LOCAL REG. 5-2-53		REGISTRAR'S SIGNATURE Francis B. Neale		25. FUNERAL DIRECTOR'S SIGNATURE Donald Hodges		ADDRESS Chillicothe, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ronald Gordon

Licensed Embalmer No. *4191*

P. O. Address *Phillipsville Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.